

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
APR 21 2016

ENTERED	Permit #:	16-0078
	Date:	5-3-16
	Amount Paid:	\$580
	Refund:	5-3-16

Bestfield Co., Zoning Dep.

TYPE OF PERMIT REQUESTED →						<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:			<u>Toku Seriani</u>									
Address of Property:			<u>3602 Timberland Court</u>			City/State/Zip:			<u>Eacela, WI 54701</u>			
Contractor:			<u>George L. Wolski</u>			Mailing Address:						
Authorized Agent: (Person Signing Application on behalf of Owner(s))						City/State/Zip:			<u>Grand View WI - 54801</u>			
PROJECT LOCATION			Legal Description: (Use Tax Statement)			PIN: (23 digits) 04-			Recorded Document: (i.e. Property Ownership) Volume <u>1143</u> Page(s) <u>276</u>			
1/4, _____ 1/4			Gov't Lot			Lot(s)			CSM			
Vol & Page <u>1143</u>			Lot(s) No. <u>6-7</u>			Block(s) No.			Subdivision: <u>Diamond Lt Estates.</u>			
Section <u>29</u> , Township <u>44</u> , N, Range <u>6</u> W			Town of: <u>Grandview</u>			Lot Size			Acreage <u>3.6</u>			
Telephone:			Cell Phone:			Plumber Phone:			Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Contractor Phone:			Agent Phone:			Agent Mailing Address (include City/State/Zip): <u>Rasmussen Andy</u>			Plumber Phone:			

<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--Continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--Continue →		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 169,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SI</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 36	Width: 30	Height: 23'
Proposed Construction:	Length: 28 x 10	Width: 16	Height: 23

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>offices / kitchen / Add. floor</u>	(X)	701
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) <u>shed roof</u>	(X)	256
	<input type="checkbox"/>			
<input type="checkbox"/> Municipal Use				
Rec'd for Issuance				
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

1 (I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we)
2 am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that I will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which
3 may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances
4 above described property within a reasonable time for the purpose of inspection.

Owner(s): James M. Smith

Authorized Agent: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application).

Address to send permit 14085 Birch Lane, Seattle 98147

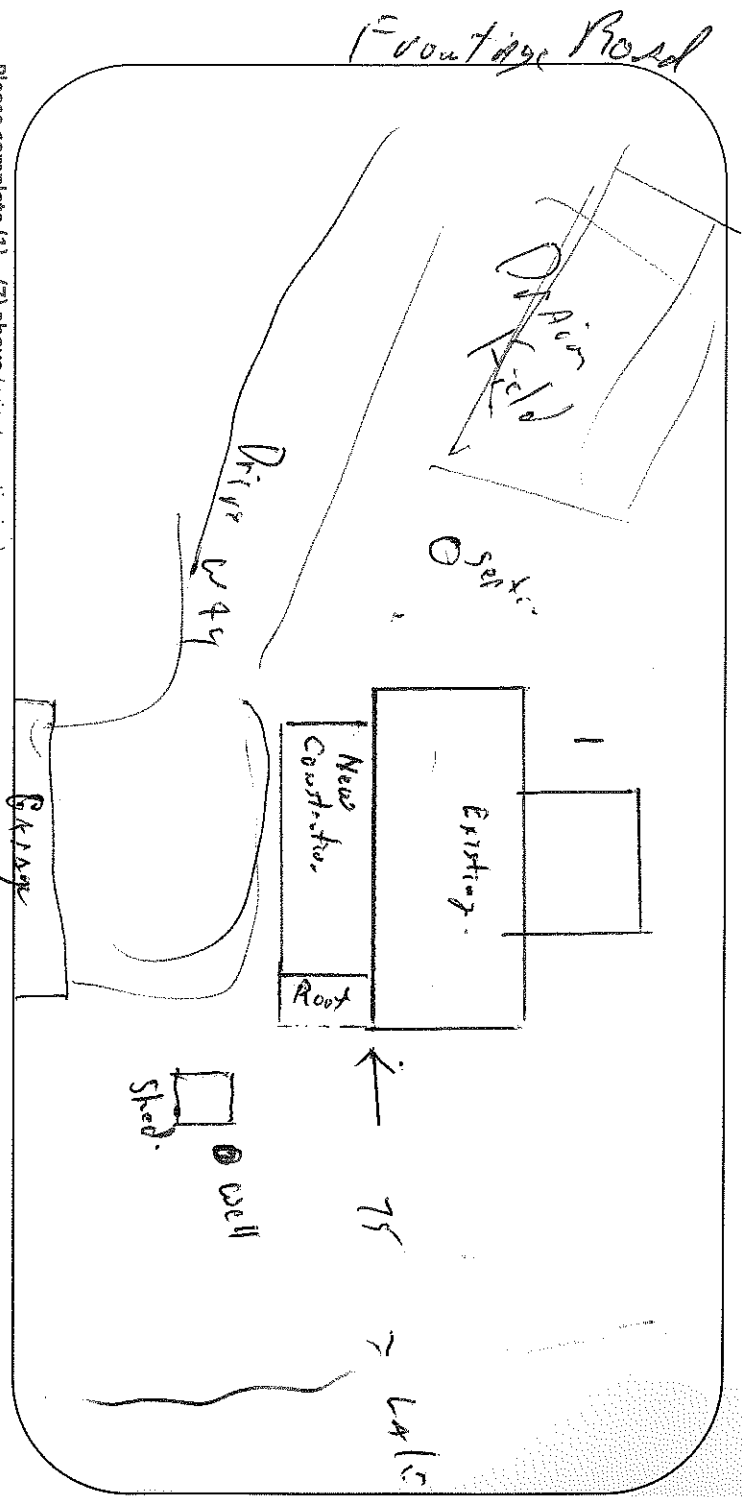
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- | | Proposed Construction |
|---------------------------|--|
| (1) Show Location of: | North (N) on Plot Plan |
| (2) Show / Indicate: | (*) <u>Driveway</u> and (*) <u>Frontage Road</u> (Name Frontage Road) |
| (3) Show Location of (*): | All Existing Structures on your Property |
| (4) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (5) Show: | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (6) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |
| (7) Show any (*): | |



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road			
Setback from the Established Right-of-Way	296 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
		Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	396 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	75 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	248 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	137 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other. Previously surveyed corner or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 201742		# of bedrooms: 4		Sanitary Date: 10-19-93	
Permit Denied (Date):		Reason for Denial:					
Permit #: 16-0078		Permit Date: 5-3-16					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> No		<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (21) Lakes Classification (1)					
Date of Inspection: 4-29-16		Inspector: J. Kelly		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? Must get UDC		<input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)					
Signature of Inspector: [Signature] Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	
Date of Approval: 6-3-16							